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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/684,777 TITLE OF INVENTIONS	10/14/2003 ON: USE OF NOREP	INEPHRINE REUPTAI	Darlene Coleman Deecher KE MODULATORS FO		WYNC-0716 B ^A HRENHINU VASO	3353 OMOTOR
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	01/04/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KIM, JENNIFER M 1617		1617	514-675000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The pee Address' indication of "Pee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up 0.3 registered patent atomeys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered enemory or agents and the names of up to listed, no name will be printed. listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set from in 3 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) WYETH Madison, New Jersey						ocument has been filed for
Please check the approp	riate assignee category or	categories (will not be p	rinted on the patent):	Individual 🔁 Corpora	tion or other private gro	up entity Government
☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) ☑ Advance Order - # of Copies3			b. Poyment of Fee(s): (Please first reapply any previously paid Issue fee shown shove) \[\begin{align*} \text{ A check is enclosed.} \\ \text{ Pryment by credit and. Form PTO-2038 is attached.} \\ \text{ Sign The Director is hereby subhorized to charge the required fee(s), any deficiency, or credit any overplyoment. \text{ Deposit A county Number \$\frac{1 - 2 \text{ Period}}{2 \text{ elections in extra copy of this form}.} \]			
 Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. 			□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			

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